

REGISTRATION INFORMATION
STATE FCCLA LEADERSHIP CONFERENCE
Sunday, March 30 – Tuesday, April 1, 2003
HOLIDAY INN SELECT EXECUTIVE CENTER
COLUMBIA, MISSOURI

***2002-2003 State Executive Council arrives on Saturday, March 29.**

CHAPTER ATTENDANCE

There are no quotas for chapter attendance for the 2003 State Leadership Conference. Chapters should choose delegates based upon interest in FCCLA and the student's ability to be a positive representative of the school and chapter.

There shall be one chaperone (advisor, parent or other adult) for every four student delegates or major fraction thereof. Any chapter with delegates in attendance must have at least one advisor delegate.

REGISTRATION, LODGING, MEAL, STAR EVENTS AND LATE FEES

\$40.00 – Conference Registration Fee (includes one boxed lunch on Monday, March 31)

\$15.00 – State STAR Events participants fee to cover event expenses (certificates, medals, evaluator meals, etc.)

\$10.00 – Special Edition Missouri FCCLA/American Cancer Society T-shirt. Only delegates wearing this Special Edition t-shirt will be allowed to "dress down" during the Business and Recognition Session. Pre-ordering recommended; very limited availability on-site. A portion of the proceeds will be donated to the American Cancer Society. Sponsored by Missouri Alumni & Associates.

\$10.00 – Late Fee PER PERSON after March 1

Chapter advisors should make lodging reservations according to the 2003 Lodging Information form. Chapters are encouraged to use the conference hotels.

REGISTRATION INFORMATION

To prevent problems in registration, please complete this form with accuracy. If needed, make additional copies of this form. Please check the appropriate columns (on reverse side) and submit **ONE** check to cover the total cost for all delegates from your chapter.

PAYMENT OPTIONS - mail or fax this information by March 1:

- ☐ One check payable to University of Missouri
☐ Purchase Order # _____ (purchase order MUST accompany registration form)
☐ Credit Card: ☐ Mastercard ☐ Visa ☐ Discover

Exp. Date ____/____/____ Card Number _____

Authorized Signature _____

Printed Name _____

Address which to mail the credit card receipt, if different than the contact person listed on the next page: _____

FCCLA
MU Conference Office
348 Hearn Center
Columbia, MO 65211
FAX: 573/882-1953

REFUND POLICY

No refunds will be honored after March 24, 2003. Refund requests must be in written form to:

Alice Schawo
344 Hearn Center - UMC
Columbia, MO 65211
Telephone: 573/882-4087

Cancellation of an entire chapter delegation for an extreme emergency is the exception, but must be approved in writing by Christine Hollingsworth no later than the first day of the conference.

NOTE: Please keep a copy of both sides of this form for your records.

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FCCLA 2003 REGISTRATION FORM

Chapter _____ School Telephone (____) _____ Region _____ County _____
School Name and Complete Address _____ City/State/Zip _____
Contact Person _____ Contact Person E-Mail Address: _____ Home Telephone (____) _____
Home Address _____ City/State/Zip _____

SEE REVERSE SIDE OF SHEET FOR REGISTRATION INFORMATION. DO NOT DUPLICATE NAMES. PLEASE LIST EACH PERSON ONLY ONE TIME!!

Amount Enclosed Per Person			NAMES	Check all that apply						For Office Use Only
\$15 STAR Events Entry Fee (Students Only)	\$40 Conference Registration (\$50 per person after March 1)	\$10 Special Edition Conference T- shirt (indicate S, M, L, XL or XXL)		ADVISOR	CHAPERONE	MALE	FEMALE	2003-2004 REGIONAL OFFICER	2002-2003 GRADUATING SENIOR	
2002-2003 SEC and 2003-2004 Officers and Candidates are not eligible for STAR Events and conference fees are waived. Must indicate T-shirt size in next column.			03-04 State Officer:							
			03-04 National Candidate:							
			03-04 Occupational Representative:							
			02-03 State Executive Council Member:							
Total STAR Event Entry Fees			\$	Check, if you will need special services for a delegate due to a disability and call Alice Schawo at the MU Conference Office to make arrangements as needed. 573/882-4087.						
Total Conference Registration Fees			\$							
Total Conference T-Shirt Fees			\$							
Indicate total number of shirts needed per size: ____S ____M ____L ____XL ____XXL										
Total Fees Submitted			\$							

FOR OFFICE USE ONLY 37005 Amount _____ Date _____ Receipt # _____